

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CB</i>		
O.I.P.E. CLASSIFIER			7/27
FORMALITY REVIEW	<i>307564</i>	<i>5C864</i>	9/2/80
RESPONSE FORMALITY REVIEW	<i>CHUA</i>	<i>67477</i>	9/13/2000 12/19/00

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/14/02
2	✓	✓	11/14/02
3	✓	✓	11/14/02
4	✓	✓	11/14/02
5	✓	✓	11/14/02
6	✓	✓	11/14/02
7	✓	✓	11/14/02
8	✓	✓	11/14/02
9	✓	✓	11/14/02
10	✓	✓	11/14/02
11	✓	✓	11/14/02
12	✓	✓	11/14/02
13	✓	✓	11/14/02
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15	✓	✓	11/14/02
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18	✓	✓	11/14/02
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21	✓	✓	11/14/02
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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